

GEORGIA DEPARTMENT OF HUMAN RESOURCES Food Service Establishment Inspection Report

Establishment Name: Davis Country Store (New)

Address: 1619 S Hwy 92

City: Fayetteville Time In: 7:45 am Time Out: 7:45 am

Permit#: 2-94764

Inspection Date: 1/21/2010 CFSM: Must be posted March 10, 2010

Purpose of Inspection: Routine: ● Follow-Up: O Complaint: O

Preliminary: O Other: O **Risk Type:** 1 O 2 ● 3 O

'Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in

are control measures to prevent illness or injury.

'Good Retail Practices are preventive measures to control the introduction of pathogens, foodborne illness outbreaks. Public Health Interventions chemicals, and physical objects into foods

Date 96 Α 12/16/09 Prior Score Grade 62 11/25/09 U

CURRENT SCORE CURRENT GRADE

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.) IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat (violation of the same code provision)=2 points per subcategory

| | Compliance Status | | | | | | | | |
|----------|-------------------|-----|----|----|---|------|-------|--|--|
| 1 | IN | OUT | NA | NO | Supervision | 4 pc | oints | | |
| | • | 0 | | | 1-2. Person in charge present, demonstrates knowledge, and performs duties | | | | |
| 2 | IN | оит | NA | NO | Employee Health, Good Hygenic Practices, Preventing Contamination by Hands-Subcategory 1 | 9 pc | ints | | |
| | • | 0 | | | 2-1A. Proper use of restriction & exclusion | 0 | 0 | | |
| | • | 0 | | 0 | 2-1B. Hands clean and properly washed | 0 | 0 | | |
| | • | 0 | 0 | 0 | 2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 0 | 0 | | |
| | | | | | Employee Health, Good Hygenic Practices -Subcategory 2 | 4 po | ints | | |
| | • | 0 | | | 2-2A. Management awareness; policy present; reporting | 0 | 0 | | |
| | • | 0 | | 0 | 2-2B. Proper eating, tasting, drinking, or tobacco use | 0 | 0 | | |
| | • | 0 | | 0 | 2-2C. No discharge from eyes, nose, and mouth | 0 | 0 | | |
| | • | 0 | | | 2-2D. Adequate handwashing facilities supplied & accessable | 0 | 0 | | |
| 3 | IN | OUT | NA | NO | Approved Source | 9 po | ints | | |
| | • | 0 | | | 3-1A. Food obtained from approved source; parasite destruction | 0 | 0 | | |
| | 0 | 0 | 0 | • | 3-1B. Food received at proper temperature | 0 | 0 | | |
| | • | 0 | | | 3-1C. Food in good condition, safe, and unadulterated | 0 | 0 | | |
| 4 | IN | OUT | NA | NO | Protection from Contamination-Subcategory 1 | 9 po | ints | | |
| | • | 0 | 0 | | 4-1A. Food separated and protected | 0 | 0 | | |
| | • | 0 | | | 4-1B. Proper disposition of contaminated food; returned food or unused food not re-served | 0 | 0 | | |
| | | | | | Protection from Contamination-Subcategory 2 | 4 pc | ints | | |
| | • | 0 | 0 | | 4-2A. Food stored covered | 0 | 0 | | |
| | 0 | • | 0 | | 4-2B. Food-contact surfaces: cleaned & sanitized | • | 0 | | |
| GOOD RET | | | | | | | | | |

| | Co | mpl | lian | ce S | tatus | cos | R | |
|---|----|-----|------|------|--|----------|-------|--|
| 5 | IN | OUT | NA | NO | Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1 | 9 pc | oints | |
| | 0 | 0 | 0 | • | 5-1A. Proper cooking time and temperatures | | | |
| | 0 | 0 | 0 | • | 5-1B. Proper reheating procedures for hot holding | 0 | 0 | |
| | | | | | Consumer Advisory-Subcategory 2 | | | |
| | • | 0 | 0 | | 5-2. Consumer advisory provided for raw and undercooked foods | 0 | 0 | |
| 6 | IN | OUT | NA | NO | Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1 | 9 po | ints | |
| | 0 | • | 0 | | 6-1A. Proper cold holding temperatures | • | 0 | |
| | • | 0 | 0 | 0 | 6-1B. Proper hot holding temperatures | 0 | 0 | |
| | • | 0 | 0 | 0 | 6-1C. Proper cooling time and temperature | 0 | 0 | |
| | • | 0 | 0 | 0 | 6-1D. Time as a public health control: procedures and records | 0 | 0 | |
| | | | | | Date Marking-Subcategory 2 | 4 po | ints | |
| | 0 | • | 0 | 0 | 6-2. Proper date marking and disposition | 0 | 0 | |
| 7 | IN | OUT | NA | NO | Highly Susceptable Populations | 9 po | ints | |
| | 0 | 0 | • | | 7-1. Pasteurized foods used; profibited foods not offered | 0 | 0 | |
| 8 | IN | OUT | NA | NO | Chemicals | 4 po | ints | |
| | 0 | 0 | • | | 8-2A. Food additives: approved and properly used | 0 | 0 | |
| ĺ | • | 0 | | | 8-2B. Toxic substances properly identified, stored, used | 0 | 0 | |
| 9 | IN | OUT | NA | NO | Conformance with Approved Procedures | 4 points | | |
| | 0 | 0 | • | | 9-2. Compliance with variance, specialized process and HACCP plan | 0 | 0 | |

AIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R=Repeat (violation of the same code provision) = 1 point per

| Co | Compliance Status | | | | | | |
|----|---|---|------|-----------|--|--|--|
| 10 | 10 OUT Safe Food and Water, Food Identification | | | | | | |
| | 0 | 10A. Pasteurized eggs used where required | 0 | 0 | | | |
| | 0 | 10B. Water and ice from approved source | 0 | 0 | | | |
| | 0 | 10C. Variance obtained for specialized processing methods | 0 | 0 | | | |
| | 0 | 10D. Food properly labeled; original container; required records available; shellstock tags | 0 | 0 | | | |
| 11 | OUT | Food Temperature Control | 3 ро | ints | | | |
| | 0 | 11A. Proper cooling methods used; adequate equipment for temperature control $$ | 0 | 0 | | | |
| | 0 | 11B. Plant food properly cooked for hot holding | 0 | 0 | | | |
| | 0 | 11C. Approved thawing methods used | 0 | 0 | | | |
| | 0 | 11D. Thermometers provided and accurate | 0 | 0 | | | |
| 12 | OUT | Prevention of Food Contamination | 3 pc | ints | | | |
| | 0 | 12A. Contamination prevented during food preparation, storage, display | 0 | 0 | | | |
| | 0 | 12B. Personal cleanliness | 0 | 0 | | | |
| | 0 | 12C. Wiping cloths: properly used and stored | 0 | 0 | | | |
| | 0 | 12D. Washing fruits and vegetables | 0 | 0 | | | |
| 13 | OUT Postings and Compliance with Clean Air Act | | | | | | |
| | 0 | 13A. Posted: Permit/Inspection/Choking Poster/Handwashing | 0 | ints O | | | |
| | 0 | 13B. Compliance with Georgia Smoke Free Air Act | 0 | 0 | | | |

| | | phousic: It Repeat (violation of the same code provision) I point per | | |
|----|-----|---|------|------|
| | mpl | iance Status | COS | R |
| 14 | OUT | Proper Use of Utensils | 1 pc | oint |
| | 0 | 14A. In-use utensils: Properly stored | 0 | 0 |
| | 0 | 14B. Utensils, equipment and linens: properly stored, dried, handled | 0 | 0 |
| | 0 | 14C. Single-use/single-service articles: properly stored, used | 0 | 0 |
| | 0 | 14D. Gloves used properly | 0 | 0 |
| 15 | OUT | Utensils, Equipment and Vending | 1 pc | oint |
| | 0 | 15A. Food & nonfood-contact surfaces cleanable,properly designed, constructed, used | 0 | 0 |
| | 0 | 15B. Warewashing facilities: installed, maintained, used; test strips | 0 | 0 |
| | 0 | 15C. Nonfood-contact surfaces clean. | 0 | 0 |
| 16 | OUT | Water, Plumbing and Waste | 2 po | ints |
| | 0 | 16A. Hot and cold water available; adequate pressure | 0 | 0 |
| | 0 | 16B. Plumbing installed; proper backflow devices | 0 | 0 |
| | 0 | 16C. Sewage and waste water properly disposed | 0 | 0 |
| 17 | OUT | Physical Facilities | 1 pc | oint |
| | 0 | 17A. Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 |
| | 0 | 17B. Garbage/refuse properly disposed; facilities maintained | 0 | 0 |
| | 0 | 17C. Physical facilities installed, maintained, and clean | 0 | 0 |
| | 0 | 17D. Adequate ventilation and lighting; designated areas used | 0 | 0 |
| 18 | OUT | Pest and Animal Control | 3 ро | ints |
| l | • | 18. Insects, rodents, and animals not present | 0 | 0 |

| Person in Charge (Signature): | (Print) | | Date: 1/21/2010 7:45:00 AM |
|-------------------------------|-----------|---------------------|-----------------------------------|
| Inspector (Signature): | Follow-up | o: Yes ● NoO Follow | v-up Date: |

| | s cited in this report must be corre ons Food Service Chapter 290-5-14 | | the time frames specified below, or as ubsection (2)(i) and (j) | s state | ed in ti | he Georgia D | epartment of H | luman Res | ources Ru | iles and |
|-------------------------------|---|--|--|----------------------------------|--------------------------|------------------------------------|----------------------------|---------------------------|-----------------------|----------|
| Establish Davis Cou | ment htry Store (New) | | | Pern 2-947 | | | | Date Inspection | Date2 | |
| Address 1619 S Hw | y 92 | | | | City/S Fayette | State eville, GA 302 | 14 | | Zip Code 30214 | e |
| | | | TEMPERATURE OBSERV | ATI | ONS | | | | | |
| | Item/Location | Temp | Item/Location | | | Temp | Item | /Location | | Temp |
| walkin coo | ler/sliced cheese | 60 | hotbox/white gravy | | | 136 | | | | |
| wakin cool | er/cut tomato | 59 | domestic refrigerator/raw chicken | | | 41 | | | | |
| walkin coo | ler/chicken | 41 | domestic refrigerator/raw ground beef | | | 41 | | | | |
| stove/cool | ng/pork roast | 95 | domestic refrigerator/cole slaw | | | 41 | | | | |
| stove/cool | ng/green beans | 95 | hot box/pork roast sandwich | | | 132 | | | | |
| crock pot/ | weiners | 166 | | | | | | | | |
| counter/w | nite gravy | 117 | | | | | | | | |
| hot box/w | einer I | 136 | | | | | | | | |
| Item Number | | | OBSERVATIONS AND COR | REC | TIVE | ACTION | IS | | | |
| \$6 \$18 | 6-1A Cold holding tempra 6-2 a) Expired gallon of self serve warmer) was n marked with a discard da 12, 2010. | utures we f milk we not prope ute not e | area and interior of domestine re not properly maintained are found in grocery self serrly date marked. All refrige xceeding 7 days. c) Tartar sted in rear dry storage area | at 41 rvice erate sauce | 1 deg e coo ed PHI | rees or b ler (Jan F kept lo | 9, 2010). b nger than 2 |) Food s 4 hours. | tored (Must b | (in e |
| Person in | Charge (Signature) | | | | | | <u>Da</u> | | | |

Food Service Establishment Inspection Report Addendum

Page 3 of 3

| Regulations Food Service Chapter 290-5 Establishment | orrected within the time frames specified 5-14, Rule .10 subsection (2)(i) and (j). | Permit | Date |
|--|---|--------------------------------------|----------------------------------|
| Davis Country Store (New) | | 2-94764 | InspectionDate3 |
| Address 1619 S Hwy 92 | | City/State Fayetteville, GA 30214 | Zip Code 30214 |
| Item Number | OBSERVATIONS A | ND CORRECTIVE ACTIONS | |
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| Person in Charge (Signature) | | | Date |
| Inspector (Signature) | | | Date 1/21/2010 7:45:00 AM |